24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
House Majority PAC	C C00495028
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies	M M / D D / Y Y Y
Mailing Address 3050 K Street, NW	10 03 2012
Suite 100	mount
City State Zip Code Washington DC 20007	76633.80
Tra	ansaction ID : D645560
Purpose of Expenditure Television Advertising Category/ Type Office S	Sought: House State: CA Senate District: 24
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Abel Maldonado Check (One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburs 2012	ement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Murphy Vogel Askew Reilly LLC	0ate
Mailing Address 901 N. Washington Street	
Suite 400	mount
City State Zip Code Alexandria VA 22314	11362.80 ansaction ID : D646571
Purpose of Expenditure Media Production Costs Category/ Type Office S	Sought: House State: CA Senate District: 24
Name of Federal Candidate Supported or Opposed by Expenditure: Abel Maldonado Check	One: President Oppose
Calendar Year-To-Date Per Election for Office Sought 87996.60 Disburs 2012	ement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	87996.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Shannon Roche [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	